PTO/SB/22 (02-09) Approved for use through 03/31/2009. OMB 0651-0031 U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless if displays a valid OMB control number PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a) Docket Number (Optional) FY 2009 3749-0112PUS1 (Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).) Application Number 10/577,008-Conf. #7226 Filed August 7, 2006 MARKER PERTIDE FOR ALZHEIMER'S DISEASE Art Unit 1649 Examiner O. N. Chernyshev This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified The requested extension and fee are as follows (check time period desired and enter the appropriate fee below): Fee Small Entity Fee One month (37 CFR 1.17(a)(1)) \$130 \$65 130.00 Two months (37 CFR 1.17(a)(2)) \$490 \$245 Three months (37 CFR 1.17(a)(3)) \$1110 \$555 Four months (37 CFR 1.17(a)(4)) \$1730 \$865 Five months (37 CFR 1.17(a)(5)) \$2350 \$1175 Applicant claims small entity status. See 37 CFR 1.27. A check in the amount of the fee is enclosed. Payment by credit card. Form PTO-2038 is attached. The Director has already been authorized to charge fees in this application to a Deposit Account. The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number 02-2448 WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038. applicant/inventor. assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96). attorney or agent of record. Registration Number 40,069 attorney or agent under 37 CFR 1.34. Registration number if acting under 37 CFR 1.34 APR 1 0 2009

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

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forms are submitted

Signature

MaryAnne Armstrong

Typed or printed name

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Date

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Total of